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FROM William B. Vass

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MESSAGE

Re: U.S. Application No. 10/709,298

Filed: April 27, 2004

First Named Inventor: SIMPSON, Todd Garrett

Attached: Transm

Transmittal Form

Fee Transmittal

Credit Card Payment Form
Petition for Extension of Time

Reply

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PAGE 1/20 * RCVD AT 12/12/2006 6:23:48 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/5 * DNIS:2738300 * CSID:416 863 1716 * DURATION (mm-ss):05-42

PTO/SB/21 (09-08) Approved for use through 03/31/2007. OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to rescond to a collection of information unless it displays a yelld OMB control number. Application Number 10/709,298 TRANSMITTAL Filing Date April 27, 2004 RECEIVED First Named Inventor FORM Simpson, Todd Garrett CENTRAL FAX CENTER Art Unit 9825 **Examiner Name** Mila Alrapetan (to be used for all correspondence after initial filing) Allorney Docket Number 5031B-20 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|**| Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) **✓** Petition Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Slatus Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Cartified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Bennett Jones LLP, Customer Number 23971 Signature Printed name William B. Vass, Bennett Jones LLP, Customer No. 23971 Date Reg. No. 36,416 December 12, 2006 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date William B. Vass, Regn. No. 36,416 December 12, 2006 Typed or printed name

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PTO/SB/17 (07-06)

2 2006

RANSMI Filing Date April 27, 2004 For FY 2005 **CENTRAL** FAX CENTER First Named Inventor Simoson, Todd Garrett **Examiner Name** Mila Airapetian Applicant daims small entity status. See 37 CFR 1.27 Art Unit 3625 TOTAL AMOUNT OF PAYMENT 50319-20 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (plesse identify): ✓ Deposit Account Deposit Account Number: <u>02-2057</u> Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(a) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Smell Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Eee_(\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Total Claims Multiple Dependent Claims Extra Claims Eq. (5) Fee Paid (\$) 0 0 Fee (\$) Fee Paid (\$) X HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims HP = highest number of Independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Pald (\$) Fee (\$) -100 =/ 50 = _ (round up to a whole number) x Fees Paid (5) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

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SUBMITTED BY			
Signature	Billyo	Registration No. (Attorney/Agent) 38,416	Telephone 416-863-1200
Name (Print/Type)	William B. Vass, Bennett Jones LLP		Date December 12, 2006

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